

SITE PLAN APPLICATION

In accordance with Article III, Division 19, Section 24-160 D.9
and Article V of the City Code

Application # _____

Date Filed _____

Total Fee _____

- ☐ **CONCEPT**
☐ **PRELIMINARY**
☐ **FINAL (MXD FEE APPLIES)**
☐ **SCHEMATIC DEVELOPMENT**

1. SUBJECT PROPERTY

Project Name _____

Street Address _____

Zoning _____ Historic area designation ☐ Yes ☐ No

Lot _____ Block _____ Subdivision _____

Tax Identification Number **(MUST BE FILLED IN)** _____

2. APPLICANT

Name _____

Street Address _____ Suite No. _____

City _____ State _____ Zip Code _____

Telephones: Work _____ Home _____

3. CITY PROJECT NUMBER

Original Site Plan Number *(if applicable)* _____

Name of previously approved Final Plan *(if applicable)* _____

4. ARCHITECT/ENGINEER/DEVELOPER

Architect's Name _____

Architect's Maryland Registration Number _____ Telephone _____

Street Address _____ Suite No. _____

City _____ State _____ Zip Code _____

Engineer's Name _____

Engineer's Maryland Registration Number _____ Telephone _____

Street Address _____ Suite No. _____

City _____ State _____ Zip Code _____

Developer's Name _____ Telephone _____

Street Address _____ Suite No. _____

City _____ State _____ Zip Code _____

Contact Person _____

4. PROPERTY OWNER

Name _____

Street Address _____ Suite No. _____

City _____ State _____ Zip Code _____

Telephones: Work _____ Home _____

6. PRIMARY USE☐ Mixed Use☐ Non-Residential☐ Residential**7. PROPOSED UNIT TYPE**☐ Mixed Use☐ Retail/Commercial☐ Other☐ Office/Professional☐ Residential Multi-Family☐ Restaurant☐ Residential Single Family**8. WORK DESCRIPTION**

9. PROJECT DETAIL INFORMATION. Please supply the following information

DEVELOPMENT INFORMATION		REQUIRED	PROVIDED
1. Site(squarefeet)			
2. Site Area (acres)			
3. Total Number of Dwelling Units/Lots			
4. Height of Tallest Building			
5. Green Area (square feet)			
6. Number of Dwelling Units/Acre			
7. Lot Coverage (Percent)			
8. Green Area (Percent)			
9. Residential			
a. Single Family Detached	# Units		
b. Single Family Attached	# Units		
c. Multi-Family Condo	# Units		
d. Multi-Family Apartment	# Units		
e. Other			
10. Retail/Commercial	Sq.Ft.		
11. Restaurant Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Sq.Ft.		
12. Office/Professional	Sq.Ft.		
13. Warehouse/Storage	Sq.Ft.		
14. Parking			
15. Shared Parking/Waiver			
16. Other			
17. Total			

SUBMISSION REQUIREMENTS

1. Set of plans per the respective checklist. Plans must be folded to 8 1/2 x 11."
2. Completion of the table above.
3. Completed checklist.
4. Fee as applicable.

I have read and complied with the submission requirements and affirm that all statements contained herein are true and correct.

Applicant's Name (*please print*) _____

Applicant's Signature _____ Date _____

Daytime Telephone _____

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City _____ State _____ Zip Code _____

Engineer's Name _____

Engineer's Maryland Registration Number _____ Telephone _____

Street Address _____ Suite No. _____

City _____ State _____ Zip Code _____

Developer's Name _____ Telephone _____

Street Address _____ Suite No. _____

City _____ State _____ Zip Code _____

Contact Person _____

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